

**COMMONWEALTH OF KENTUCKY**

**Instructions for Obtaining a Kentucky State ABC License**

**REQUIREMENTS:**

- a. You must be at least 21 years of age to apply.
- b. You must be a Ky. Resident for the past year unless you apply as a corporation, LLC or Ltd. Partnership.
- c. You must be a citizen of the US unless you apply as a corporation, LLC or Ltd. Partnership ownership.
- d. Individuals, partners, officers, directors or managers may not apply if, within the past 5 years, they have been convicted of any felony; or within the past 2 years have been convicted of any alcohol or controlled substance misdemeanor.

- STEP 1. You must advertise your intention to apply for an ABC license(s) one time in a newspaper of general circulation in the area where the premises to be licensed is located. An officer of the newspaper must complete the affidavit of publication, which is enclosed. The completed affidavit and clipping must be attached to your application.
- STEP 2. Answer all questions and have the form notarized. Incomplete or deficient applications delay processing and your application may be returned.
- STEP 3. Attach a **certified check, cashier check, or money order payable to: Kentucky State Treasurer** for your application fee(s). See the attachment to determine the appropriate amount due based on license type and premises location.
- STEP 4. Kentucky residents must submit the appropriate fee **payable to: Kentucky State Treasurer** for the Administrative Office of the Courts to obtain a statewide Kentucky police record check. The cost is \$10.00 per person and a record check must be conducted on all persons listed in the Basic Application under Section D-5. You may submit one (1) check for all backgrounds provided this check is separate from your check for licensing fees. Non-residents are responsible for providing a **statewide** police record check from their state(s) of residence for the past five (5) years. If you have not lived in Kentucky for five (5) years, you must submit a statewide police record check from the state(s) previously resided in for those years along with your fee for Kentucky background checks.
- STEP 5. If you apply as a corporation, limited partnership, or limited liability company, attach a copy of your articles of incorporation; partnership papers, or organizational papers from the Secretary of State. Your company must be approved to do business in the state of Kentucky and in good standing with the Kentucky Secretary of State's Office.
- STEP 6. If you do not own the real estate where you will sell alcohol, attach a signed copy of your lease. All lease agreements must run through the full period of your license.
- STEP 7. Contact the Kentucky Revenue Cabinet at (502) 564-3306 to obtain the proper Kentucky sales tax numbers for your business. Your license will not be issued without these numbers.
- STEP 8. Attach any other required affidavits such as: fire marshal certificate of seating capacity for restaurants; surety bonds for manufacturers and wholesalers, etc... Your Schedule(s) will list any attachments you need to make.
- STEP 9. Take your application(s) to your local ABC administrator and obtain their signature of approval on your state applications(s).

New licenses take approximately 30 – 60 days to process. If your license is not issued for any reason, you must submit a written request for a refund. The Department will retain \$50 of your application fee for processing costs.

**If you have any questions or need assistance, please contact our department or visit our web site.**

<http://abc.ppr.ky.gov>

**FRANKFORT:** Department of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, KY 40601-8400  
(502) 564-4850 phone  
(502) 564-1442 fax

**NOTE:** You are required to obtain a Federal Special "Occupational Tax" License from the Alcohol and Tobacco Tax and Trade Bureau (**TTB**) for \$250 per year. You must contact their office to obtain an application form and information about your federal permit:

Alcohol and Tobacco Tax and Trade Bureau, Telephone Number (513) 684-3334  
National Revenue Center  
550 Main St., Cincinnati, Ohio 45202-3263

**TYPE OF LIQUOR AND WINE LICENSES AVAILABLE BY AREAS**

**Areas qualified to hold any type of liquor and or wine by the drink license OR by the package license.**

1 <sup>st</sup> . Class Cities	Jefferson County	
2 <sup>nd</sup> . Class Cities	City of Ashland City of Bowling Green City of Richmond Christian County Daviess County	Fayette County Franklin County Henderson County Kenton County McCracken County
3 <sup>rd</sup> . Class Cities	City of Nicholasville City of Pikeville Boone County Bourbon County	Clark County Mason County Perry County
4 <sup>th</sup> . Class Cities	City of Augusta City of Bardstown City of Carrollton	City of Morehead City of Shepherdsville

**Areas qualified to hold by the package liquor licenses & RWL licenses only.**

4 <sup>th</sup> . Class Cities	City of Central City City of Cumberland City of Eminence City of Falmouth City of Madisonville City of Morehead City of Russellville City of Springfield City of Vanceburg	Anderson County Bracken County Bullitt County Floyd County Fulton County Magoffin County Marion County Nelson County Nicholas County	Shelby County Union County Washington County Woodford County
5 <sup>th</sup> . Class Cities	Gallatin County Meade County Wolfe County		

**Areas qualified to hold Sunday Liquor drink Licenses.**

SD	All by the drink licensees in Campbell and Kenton Counties by special elections.
LS	Qualifying 50% food restaurants in Daviess, Fayette, Franklin, and Jefferson Counties, and Cities of Bardstown, Bowling Green, Florence, Maysville, Oak Grove, Owensboro, and Shelbyville.
LLS	Qualifying 70% food restaurants in the Cities of Elizabethtown and Radcliff.
GOLFLS	GOLF Licensees in City of Murray.
RS	LD and PC licensees in Jefferson County.
ESL	All wet areas holding Convention Centers, Automobile Race Tracks, Horse Race Tracks, and Commercial Airport Licenses.

**Areas that qualify to hold restaurant drink liquor with 50% food sales (RD), motel drink liquor (ML), restaurant wine (RWL), or private club (PC) licenses.**

1 <sup>st</sup> . Class Cities	As listed above	
2 <sup>nd</sup> . Class Cities	As listed above	
3 <sup>rd</sup> . Class Cities	As listed above	
4 <sup>th</sup> . Class Cities	City of Carlisle City of Central City City of Cynthiana City of Fulton City of Lawrenceburg City of Madisonville City of Mt. Sterling City of Mt. Washington City of Oak Grove City of Morehead City of Prestonsburg City of Salyersville City of Shelbyville City of Versailles Carroll County Harrison County Marion County Nelson County Union County	RD, ML and RWL licenses RD, ML, RWL and PC licenses RWL and PC licenses RD, ML and RWL licenses. RD, ML and RWL licenses. RD, ML, RWL and PC licenses RD, ML, RWL and PC licenses RD, ML, 70% by Ordinance & RWL licenses. RD, ML, LS by Ordinance % RWL licenses. RD, ML and RWL Licenses RD, ML and RWL licenses RD, ML and RWL licenses RD, ML and RWL licenses RD, ML, 70% by Ordinance & RWL licenses. RD, ML and RWL licenses RWL and PC licenses RD, ML licenses RD, ML and RWL licenses RD, ML and RWL licenses

**TYPE OF LIQUOR AND WINE LICENSES AVAILABLE BY  
AREAS**

***Areas that qualify to hold Limited Restaurant Liquor/Wine/Beer by the Drink with 70% food sales by election under KRS 242.185(6)***

City of Corinth  
City of Corbin  
City of Danville  
City of Elizabethtown  
City of Georgetown  
City of Guthrie  
City of Harrodsburg  
City of Kuttawa  
City of Mayfield  
City of Murray  
City of Radcliff

County of Oldham  
County of Shelby

***Premises that qualify to hold Golf Course Liquor/Wine/Beer by the Drink Licenses by local option elections in dry counties.***

Boyle County  
Calloway County  
Hardin County  
Jessamine County  
Madison County  
Madison County  
Scott County  
Shelby County  
Union County

Old Bridge Golf Club  
Murray Golf Course  
Pine Valley Golf course  
Champions Golf Course in Nicholasville  
Arlington Golf Course  
Bull Run Golf Course  
Longview Golf Course  
Persimmon Ridge Golf Course  
Breckinridge Golf Course

***Premises that qualify to hold Farm or Small Winery Licenses by local option elections in dry counties.***

Boyle County  
Henry County  
Jessamine County  
Letcher County  
Madison County  
Pulaski County  
Scott County  
Washington County  
Washington County  
Washington County

Old Crow Inn Winery  
Smith-Berry Vineyard  
Chrisman Mill Vineyards  
Highland Winery  
Acres of Land Winery  
Sinking Valley Vineyards  
Ky.'s Eden Ridge Winery  
Rolling Hills Vineyards  
Simple Pleasures Wines  
Long Lick Farm Winery

**EXAMPLE OF PUBLIC NOTICE  
WHEN APPLYING FOR AN ABC LICENSE**

**KRS 243.360** requires a person to first advertise their intention to apply for these licenses in the newspaper. Please use the following to assist you with this requirement. Place your advertisement in the legal section of the newspaper having the largest circulation for the county or city where your premises will be located.

**YOUR ADVERTISEMENT SHOULD READ AS FOLLOWS:**  
*(Fill in the blanks)*

\_\_\_\_\_, Mailing address

*(List the Name of each individual owner(s) or the name of the Corporation, Ltd, or L.L.C. the license will be issued under)*

\_\_\_\_\_ Hereby declares intention(s)

*(Include Street, City, State and Zip)*

to apply for a \_\_\_\_\_ license(s)

*(List **all license types** you are applying for. (Example) Retail Liquor by the Drink, Retail Beer, Restaurant Liquor by the Drink, Retail Liquor Package, Restaurant Wine by the Drink and so on...)*

no later than \_\_\_\_\_, The business to be licensed will be

*(Enter the date you intend to make application to the State ABC)*

located at \_\_\_\_\_ Kentucky \_\_\_\_\_.

*(List the **EXACT** street address and city where the ABC license is to be issued)*

*(Zip)*

doing business as \_\_\_\_\_

*(List the name of your business (D.B.A.))*

**The (owner(s); Principal Officers and Directors; Limited Partners; or Members) are as follows:**

\_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_  
*Title or position Name Home address, city, state and zip code*

\_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_  
*Title or position Name Home address, city, state and zip code*

\_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_  
*Title or position Name Home address, city, state and zip code*

\_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_  
*Title or position Name Home address, city, state and zip code*

\_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_  
*Title or position Name Home address, city, state and zip code*

\_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_

**Any person, association, corporation, or body politic may protest the granting of the license(s) by writing the Department of Alcoholic Beverage Control, 1003 Twilight Trail, Frankfort, Ky. 40601-8400, within 30 days of the date of this legal publication. (End of advertisement)**

**Forward a clipping of this advertisement along with the Affidavit of Publication to:**

Kentucky Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
(502) 564-4850 phone  
(502) 564-1442 fax

Commonwealth of Kentucky  
Department of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

(502) 564-4850 phone  
(502) 564-1442 fax

GLUE OR  
TAPE  
CLIPPING  
HERE

**AFFIDAVIT OF PUBLICATION**

**Attesting Publication of Intention to Engage in an  
Alcoholic Beverage Business**

The following Affidavit of Publication is to be executed by an officer of the newspaper in which the application advertised, one time before date of application for an alcoholic beverage license, his/her intention to engage in the business authorized by the license applied for. A clipping of the advertisement must be attached to this Affidavit of Publication.

\_\_\_\_\_ of \_\_\_\_\_  
(Name of Officer at Newspaper) (City) (State)

Being first duly sworn, says that he / she is \_\_\_\_\_  
(Title of Position at Paper)

of the \_\_\_\_\_ a newspaper printed and published in the  
(Name of Newspaper)

State of \_\_\_\_\_ County of \_\_\_\_\_, and having a general circulation in the County of  
\_\_\_\_\_, Kentucky, and that the attached advertisement is a true copy and has been

Published in said newspaper on the following date(s): \_\_\_\_\_

Signature of Officer \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public within and for the State and County  
aforesaid, by

\_\_\_\_\_ to me personally known, this \_\_\_\_\_ day of \_\_\_\_\_ (year) \_\_\_\_\_

My Commission expires the \_\_\_\_\_ day of \_\_\_\_\_ (year) \_\_\_\_\_

County of \_\_\_\_\_ Notary Public \_\_\_\_\_

**THIS AFFIDAVIT PROPERLY EXECUTED MUST BE ATTACHED TO THE ABC APPLICATION  
FOR LICENSING.**

# **LEASE AGREEMENT**

I, (We) \_\_\_\_\_,  
hereby agree to lease to \_\_\_\_\_,  
the premises located at \_\_\_\_\_,  
\_\_\_\_\_  
in \_\_\_\_\_ County, Kentucky.

The said lease shall be for a term of \_\_\_\_\_,  
beginning \_\_\_\_\_ and ending \_\_\_\_\_.  
The rent shall be payable at a rate of \_\_\_\_\_.

I understand and agree upon, that the premises herein named shall be used  
for lawful purposes only.

Lessor X \_\_\_\_\_

Lessor X \_\_\_\_\_

Lessee X \_\_\_\_\_

Lessee X \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public, on this the \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_, by the above Lessor and Lessee.

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_.

COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
502.564.4850 phone  
502.564.1442 fax

Site I.D. #

**"BASIC APPLICATION FOR ALCOHOLIC BEVERAGE LICENSES"**

*Applications may be returned if all questions are not answered completely.*

*Leave Blank – For ABC Use Only*

License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_

License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_

Malt Beverage Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

Distilled Spirits Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

**(A)**

Applicant's name(s) or company to be licensed \_\_\_\_\_

DBA (Name of Business) \_\_\_\_\_

Address of premises to be licensed \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ 9 digit zip code \_\_\_\_\_

Mailing address if different from above \_\_\_\_\_

Contact person 8:00 am – 4:30 pm \_\_\_\_\_ e-mail address \_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_ Premises phone \_\_\_\_\_

List all schedules you have attached \_\_\_\_\_ Enter amount of fee enclosed \$ \_\_\_\_\_

**(B) 1.**

Provide the tax numbers (must be issued in the applicant's name). Failure to provide the number or discrepancies in the name will prevent this application from being processed.

Ky. Sales & Use Tax # \_\_\_\_\_

Ky. Withholding Tax # \_\_\_\_\_

Ky. Corporate Tax # \_\_\_\_\_

Federal EIN # \_\_\_\_\_

**(C)**

2. List all types of licenses you are applying for \_\_\_\_\_

3. What Month do you want your license(s) to become effective? \_\_\_\_\_

4. Are you the owner of the real estate where these premises are to be licensed? ..... ☐ Yes ☐ No

If no, you **must attach** a signed copy of your lease. ABC **will not** issue or renew any license(s) unless this lease extends through the full period of your license expiration date.

List the name of the owner of the premises real estate \_\_\_\_\_ Give date lease expires \_\_\_\_\_

**(D) 5.**

Complete the following for the business proprietor, partner(s) and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders (unless publicly held). Show 100% of the ownership.

**If additional space is needed, please make an attachment.**

NAME AND ADDRESS	ALL PHONE NUMBERS H = HOME W = WORK F = FAX O = OTHER	SOCIAL SECURITY NUMBER	TITLE	USA CITIZEN	DATE OF BIRTH	LIST DATE & STATE WHERE YOU RESIDED IN PAST 5 YRS.	% OF OWNERSHIP
	H W F O			<input type="checkbox"/> Yes  <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes  <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes  <input type="checkbox"/> No			%

**Please state in section D5 if this is a publicly held company.**

**(E)**

6. Is the applicant a corporation, limited partnership, or limited liability company, in good standing with the Ky. Secretary of State ☐ Yes ☐ No  
List the State Incorporated or organized in \_\_\_\_\_  
Attach a copy of your Articles of Incorporation, which shows the filing date with the Kentucky Secretary of State's Office.
7. Is the entire license fee paid by the applicant and by no other person? ☐ Yes ☐ No
8. Are the premises to be licensed located within an incorporated city or town? ☐ Yes ☐ No  
If yes, list the name of the city or town \_\_\_\_\_
9. Have you ever been licensed to sell alcoholic beverages? ☐ Yes ☐ No  
If yes, give the name of the state and license number(s) \_\_\_\_\_  
If Kentucky, are you transferring this license to a new location? ☐ Yes ☐ No
10. Does anyone named in section D 5 of this application have any interest in any kind of alcoholic beverage business or the premises of any alcoholic beverage business other than that for which you are herein applying? ☐ Yes ☐ No  
If yes, describe the interest(s) \_\_\_\_\_
11. a. Has the applicant or any person named in section D 5 been convicted of any felony? ☐ Yes ☐ No  
b. Has the applicant or any person named in section D 5 been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance? ☐ Yes ☐ No  
If yes to either question, attach a statement giving a full explanation, including date(s) of conviction(s).
12. Has a license been suspended or revoked or denied for the premises or any person named herein? ☐ Yes ☐ No  
If yes, attach a statement giving a full explanation, including dates of suspension, revocation, or denial.
13. Are the premises to be licensed and the entrance located on the street level? ☐ Yes ☐ No  
If no, is the business a hotel, club or restaurant? ☐ Yes ☐ No
14. a. Have the premises been licensed to sell alcoholic beverages in the past twelve months? ☐ Yes ☐ No  
b. Are the premises currently licensed? ☐ Yes ☐ No  
c. If yes, give the Kentucky License number (s) \_\_\_\_\_  
d. Is the license being transferred to you? ☐ Yes ☐ No
15. Are you acquiring an interest in an existing business? ☐ Yes ☐ No  
If yes, check all the following boxes that apply to you. ☐ Inventory ☐ Fixtures and Equipment  
☐ Ownership by purchase of shares ☐ Ownership by purchase of assets ☐ Leases ☐ Other \_\_\_\_\_

**(F)** **THE SELLER SHOULD COMPLETE THIS SECTION IF ITEM # 15 HAS BEEN ANSWERED "YES" OR IF SOMEONE IS TRANSFERRING THEIR LICENSE (S) TO YOU.**

I (we), \_\_\_\_\_ the seller(s) or owner(s) of the business known  
(Enter the **exact name(s)** that appears on the current license(s))

as \_\_\_\_\_ located at \_\_\_\_\_ Kentucky, am the  
holder of a ☐ Malt Beverage (beer) ☐ Liquor by Drink ☐ Liquor by Package ☐ \_\_\_\_\_ (other) license(s). The license  
number(s) is (are) \_\_\_\_\_. I hereby represent that I have agreed to convey all license privileges (permitted  
by law) to \_\_\_\_\_. I (we) understand that I (we) **may not** relinquish control of the business,  
(Enter the **exact name(s)** that is applying to become the new licensee)  
premises, or my interest in the licenses until such time as the buyer's application has been approved by the Dept. of Alcoholic Beverage Control.

**Signature of Seller** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(If a partnership, all partners **must sign**. If a corporation, only one officer **must sign**)

Sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_. My Commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_  
(Canadian applicants are exempt from this notary requirement)

**(G)** **AFFIDAVIT OF BUYER OR NEW PERSON APPLYING FOR THE ABC LICENSE (S)**

I, \_\_\_\_\_ (☐ Buyer or ☐ New Applicant), do hereby swear or affirm that all statements contained in this application and all its attachments are true and correct to the best of my knowledge, information and belief. I further agree that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Department of Alcoholic Beverage Control. Once the license(s) is issued, I hereby swear or affirm that I will abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages.

**Signature of Buyer or New Applicant** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_. My Commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_  
(Canadian applicants are exempt from this notary requirement)

**SCHEDULE “R”  
RETAIL LICENSES**

Site I.D. #

LEAVE BLANK – FOR ABC USE ONLY

License # \_\_\_\_\_ \$ \_\_\_\_\_ Validating # \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Validating # \_\_\_\_\_

License # \_\_\_\_\_ \$ \_\_\_\_\_ Validating # \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Validating # \_\_\_\_\_

Ky. Malt Beverage Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

Ky. Distilled Spirits Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

**Applicant's name(s) or company to be licensed** \_\_\_\_\_

**D.B.A. (Name of Business)** \_\_\_\_\_

**Address of premises to be licensed** \_\_\_\_\_

1. Are you applying for a **Retail Liquor by the Drink License**? ..... ☐ Yes ☐ No  
If yes, are you applying for a new license available through the quota system? ..... ☐ Yes ☐ No  
Is this license being transferred to you by an existing owner? ..... ☐ Yes ☐ No
- 1a. Are you applying for a **Retailer's Liquor Retail Sampling License**? ..... ☐ Yes ☐ No  
If yes, KRS 244.050 requires you to hold an active Kentucky Retail Distilled Spirits & Wine by the Drink License.  
List your Kentucky Retail Distilled Spirits & Wine by the Drink License Number at the Sampling Location. \_\_\_\_\_
2. Are you applying for a **Retail Package License**? ..... ☐ Yes ☐ No  
If yes, are you applying for a new license available through the quota system? ..... ☐ Yes ☐ No  
Is this license being transferred to you by an existing owner? ..... ☐ Yes ☐ No
- 2a. Are you applying for a **Retailer's Package Liquor Sampling License**? ..... ☐ Yes ☐ No  
If yes, KRS 244.050 requires you to hold an active Kentucky Retail Package Liquor License.  
List your Kentucky Retail Package Liquor License Number at the Sampling Location. \_\_\_\_\_
3. Are you applying for a **Retail Malt Beverage Beer License**? ..... ☐ Yes ☐ No  
Will you also sell gasoline or lubricating oil or work on motor vehicles? ..... ☐ Yes ☐ No  
If yes, premises used for the sale of gasoline and lubricating oil or for the servicing and repair of  
Motor vehicles must maintain an inventory of not less than \$5,000 in food, groceries, and related  
Products valued at cost. Do you meet this requirement? ..... ☐ Yes ☐ No
4. Are you applying for a **Supplemental Liquor Bar License**? ..... ☐ Yes ☐ No  
If yes, how many additional bars do you wish to license? \_\_\_\_\_
5. Are you applying for a **Sunday Liquor License**? ..... ☐ Yes ☐ No  
If yes, check which license type you will qualify to hold:
- ☐ a **Sunday Drink** (available only to holders of liquor drink licenses in Kenton & Campbell Counties.)
- ☐ a **Limited Sunday Drink** (available only to holders of liquor drink licenses in Daviess, Fayette and Jefferson Counties, Franklin County area only (outside city limits only), and the Cities of Bardstown, Bowling Green, Florence, Maysville, Oak Grove, Owensboro, and Shelbyville that are restaurants seating at least 100 persons for dining and receive at least 50% of its gross annual income from the sale of food.)
- ☐ a **Retail Sunday Drink** (available only to holders of liquor drink license in Jefferson County.)
6. Are you applying for a **Caterer's License**? ..... ☐ Yes ☐ No  
If yes, have you attached a copy of your food service permit issued by your local health Department? ..... ☐ Yes ☐ No

KRS 243.360 requires an applicant to first advertise their intention to apply for these licenses in the newspaper please use the attached example to assist you with this requirement. (If you are currently licensed and only adding a Sunday or a supplemental bar license to your premises you are not required to run this advertisement.)

Place your advertisement in the legal section of the newspaper having the largest circulation for the county or city where your premises will be located.

After your advertisement has appeared in the paper, obtain a clipping from the paper and attach the Affidavit of Publication to your ABC application. The Affidavit of Publication is enclosed and should be completed by an official of the newspaper where the advertisement appeared.

I do hereby solemnly swear or affirm that all statements contained in this application and all attachments are true and correct to the best of my knowledge, information and belief. I incorporate this schedule into my basic application for a Kentucky alcoholic beverage license. I understand I may not begin to operate with alcohol activity until the Kentucky ABC Department has issued my license(s). I further swear or affirm I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use or and trafficking in alcoholic beverages.

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**OBTAIN LOCAL ABC ADMINISTRATOR'S SIGNATURE OF APPROVAL**

Your Local ABC Administrator must approve this application before it is forwarded to the State ABC.

Take or mail this application and all attachments to your Local ABC Administrator. Obtain their signature of approval below or make arrangements for this approval to be sent to the State ABC Department.

**This certifies that the applicant(s) herein above named have been approved for the types of license applied for and for the premises above specified.**

**SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR \_\_\_\_\_ Date \_\_\_\_\_**

☐ City of \_\_\_\_\_ Administrator (or) the ☐ County of \_\_\_\_\_ Administrator

***You may now forward this application, all attachments, and your state license fee to:***

KENTUCKY DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

1003 Twilight Trail

Frankfort, Kentucky 40601-8400

Telephone 502-564-4850

Fax 502-564-1442

## TYPES OF LICENSE & FEES

Site I.D. #

Check ☒ the boxes for the type(s) of license(s) you are applying for.

To determine the ABC license fee(s), find the license type(s)

In the left column, then move right across the table to the month that the license will become effective.

**Attach a certified check, cashier check, or a money order.**

**Make payable to: KENTUCKY STATE TREASURER**

<b>LICENSE TYPE</b>	<b><u>PREFIX</u></b>	<b><input checked="" type="checkbox"/></b>	<b>FULL YEAR FEE</b> Pay this amount	<b>HALF YEAR FEE</b> Pay this amount
<input type="checkbox"/> RETAIL LIQUOR DRINK ( <i>liquor/wine by drink</i> )  <input type="checkbox"/> SUPPLEMENTAL BAR ( <i>liquor / wine by drink</i> ) PER BAR How many <input type="checkbox"/> ( <i>available only for LD applicants</i> ) ( <i>No fee after 5 but license required.</i> )	LD	<input type="checkbox"/>	Pay fee for the largest city in the county to be licensed.	Pay fee for the largest city in the county to be licensed.
	SBL	<input type="checkbox"/>	1 <sup>st</sup> . class city 1000.00 2 <sup>nd</sup> . class city 700.00 3 <sup>rd</sup> . class city 600.00 4 <sup>th</sup> . class city 500.00	1 <sup>st</sup> . class city 500.00 2 <sup>nd</sup> . class city 350.00 3 <sup>rd</sup> . class city 300.00 4 <sup>th</sup> . class city 250.00
<input type="checkbox"/> RETAIL LIQUOR PACKAGE ( <i>liquor/wine package</i> )	LP	<input type="checkbox"/>	Pay fee for the largest city in the county to be licensed.  1 <sup>st</sup> . class city 800.00 2 <sup>nd</sup> . class city 700.00 3 <sup>rd</sup> . class city 600.00 4 <sup>th</sup> . class city 500.00 All Others 400.00	Pay fee for the largest city in the county to be licensed.  1 <sup>st</sup> . class city 400.00 2 <sup>nd</sup> . class city 350.00 3 <sup>rd</sup> . class city 300.00 4 <sup>th</sup> . class city 250.00 All Others 200.00
<input type="checkbox"/> RETAILER'S LIQUOR DRINK SAMPLING ( <i>liquor/wine</i> )	DRS	<input type="checkbox"/>	100.00	50.00
<input type="checkbox"/> RETAILER'S PACKAGE LIQUOR SAMPLING ( <i>liquor/wine</i> )	PS	<input type="checkbox"/>	100.00	50.00
<input type="checkbox"/> LIMITED SUNDAY LIQUOR DRINK ( <i>liquor/wine</i> )  ( <i>Available only to holders of liquor drink licenses that are Restaurants with at least 100 seating for dining and receive at least 50% of its gross annual income from the sale of food.)and located in Daviess, Fayette &amp; Jefferson Counties, Franklin Co.(outside city limits only), and the Cities of Bardstown, Bowling Green, Florence, Maysville, Oak Grove, Owensboro,&amp; Shelbyville.</i> )	LS	<input type="checkbox"/>	500.00	250.00
<input type="checkbox"/> SUNDAY LIQUOR DRINK ( <i>liquor/wine</i> ) ( <i>Available to holders of liquor drink licenses in Campbell and Kenton counties only</i> )	SD	<input type="checkbox"/>	500.00	250.00
<input type="checkbox"/> RETAIL SUNDAY LIQUOR DRINK ( <i>liquor/wine</i> ) ( <i>Available only to holders of retail liquor drink (LD) &amp; private club (PC) licenses located in Jefferson co. only</i> )	RS	<input type="checkbox"/>	500.00	250.00
<input type="checkbox"/> MALT BEVERAGE RETAIL BEER	B	<input type="checkbox"/>	200.00	100.00
<input type="checkbox"/> CATERER'S LICENSE ( <i>liquor/wine/beer</i> )	CL	<input type="checkbox"/>	800.00	400.00
<b>TOTAL</b>				

### CHECK LIST

1. Have you attached a certified check, cashier check or money order, payable to: Ky. State Treasurer for your License fees and a separate check for your Kentucky Background checks? ☐ Yes ☐ No
2. Have the buyer and seller (if applicable) signed and had this application notarized?... ☐ Yes ☐ No
3. Have you answered each question fully and checked the type(s) of license(s) you are applying for? ☐ Yes ☐ No
4. Have you signed your application(s) and had your signature notarized? ☐ Yes ☐ No
5. Have you secured the signature of approval from your local ABC Administrator on this application? ☐ Yes ☐ No ☐ N/A
6. Have you attached a certified copy of your newspaper advertisement for this license? ☐ Yes ☐ No ☐ N/A
7. Have you attached articles of incorporation, partnership papers, or other organizational papers? ☐ Yes ☐ No ☐ N/A
8. Have you attached a signed copy of your lease that does not expire before your license expires? ☐ Yes ☐ No ☐ N/A
9. If you are applying for a Caterer's License have you attached your food service permit issued by your local health department? ☐ Yes ☐ No ☐ N/A

### **FORWARDING YOUR APPLICATION TO THE KENTUCKY ABC DEPARTMENT**

You may now forward this application, all attachments, and your state license fee to:

Commonwealth of Kentucky  
Department of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850  
Fax (502) 564-1442  
<http://abc.ppr.ky.gov>